



**Short-term course in
human embryonic stem cell culture techniques
Baltimore, 24-28 September, 2007**

Registration Form

Please fill in the blanks and tick the boxes as applicable:

A. Personal Details

Name (Last): _____ (First): _____ (Middle Initial): _____
Title: _____ Position: _____
Institution: _____
Address _____
Phone: _____ Fax: _____
Email: _____

B. Previous Experience

Tissue culture experience: _____
Experience in ES cells: ☐None ☐Mouse ☐Rhesus ☐Human ☐Other

C. Method of Payment

Course cost: \$950
☐Cheque made payable to Technion Research & Development Foundation
☐Visa ☐MasterCard ☐American Express
Credit card number: _____ Expiration date (mm/yy): __/____
American Express and MasterCard request that we provide them with the 3 or 4 digits on the back of your card in order to permit the transaction. Please provide these digits here: _____
Signature: _____ Date: _____

D. Other

Comments/special requirements: _____

Signature of Applicant: _____

**Please fax this form to +972-4-854-2503
or email a scanned copy to h_oneill@rambam.health.gov.il**